



DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER POLLUTION CONTROL  
401 Church Street, 6th Floor L & C Annex, Nashville, TN 37243  
(615) 532-0625

RECEIVED  
DEC 20 2010

Enforcement/Compliance

**NOTICE OF INTENT (NOI)**  
**WATER TREATMENT PLANT DISCHARGE PERMIT**

Facility Name:	<b>CARPENTER SPRING WATER TREATMENT PLANT</b>	County:	<b>Bradley</b>
Street Address or Location:	<b>300 Hancock Road</b>	Latitude:	<b>35.1435</b>
		Longitude:	<b>-84.7788</b>
<p>▪ All entries must be in ink. ▪ <b>Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility.</b> ▪ This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency. ▪ If this NOI is submitted because of new operator or to update facility information (such as name of facility, new official contact person name, new E-mail address, etc.), provide the existing permit tracking number: _____</p>			

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the site name or the official contact name)

<b>1</b>	Official Contact Person Name: (individual responsible for a facility)	Title or Position:		
	<b>Mr. Tim Lawson</b>	<b>General Manager</b>		
	Mailing Address:	City:	State:	Zip:
	<b>PO Box 305</b>	<b>Ocoee</b>	<b>TN</b>	<b>37361</b>
	Phone:	E-mail:		
	<b>( 423 ) 559-8505</b>	<b>timoud@bellsouth.net</b>		

<b>2</b>	Local Contact Person Name: (if appropriate, write "same as #1")	Title or Position:		
	<b>Garrett Maxwell</b>	<b>Water Plant Supervisor</b>		
	Facility Address: (this may or may not be the same as street address)	Facility City:	State:	Zip:
	<b>300 Hancock Road</b>	<b>Cleveland</b>	<b>TN</b>	<b>37361</b>
	Phone:	E-mail:		
	<b>(423) 559-8505</b>	<b>Garrett.maxwell@yken.com</b>		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence:

**PROCESS DESCRIPTION (Reply on a separate page, if necessary)**

Name of surface waters receiving the discharge (and the mileage point, if available).  
**London Branch**

A description of the source of the raw water; if surface water is used, include the distance the plant is located from the intake point; if the source is groundwater, include the number and depth of wells.  
**Spring - Carpenter Spring well -**

A description of the plant, i.e. iron removal, manganese and/or turbidity removal, and a list of any additives used in the water treatment process, such as coagulant, oxidizing enhancers, etc.  
**Plant is used for turbidity removal. Liquid Sodium Hypochlorite and PAC are used as additives.**

Design capacity of treatment plant in million of gallons per day (MGD): **1.5** Number and volume of sedimentation basins: **3 - 100,000 basins**  
Average flow of finished water production in MGD over 12 months prior to submission of the NOI: **2.550 mgd**

Filter backwashing. Number of filter backwashed: **2** Frequency for each filter: **1** times per week. Amount of water used to backwash: **6000** for each filter. Frequency sedimentation basin is washed out: **2** times per year. Amount of water used to wash out the largest sedimentation basin: **2** gallons. Describe type of treatment provided for backwash and sedimentation basin washwaters and the design capacity of the treatment system.

Water is released from the backwash settling basin **2** times per week for **2** hours per release and a volume of **2** gallons per release. For existing facility, give averages from last 12 months of operation. For new facilities, indicate "not available." Describe more fully, if necessary.

A description of how sludge from the settling processes are disposed, for example, landfill, land applied, etc.  
**disposal not necessary yet**

**CERTIFICATION AND SIGNATURE**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<b>Tim Lawson</b>	<b>General Manager</b>	<b>[Signature]</b>	<b>12/10/10</b>
Printed Name	Official Title	Signature	Date

RECEIVED

Received Date	Domestic Water Supply Use	Protective for Lead Conc.	Tracking No. TN0079952	EFO Chattanooga
Impaired Receiving Stream	High Quality Water	T & E Aquatic Fauna	NOC Date	Reviewer

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